

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-27-2007

Address: 2439 Kane Rd

Case #: 45-47445

Corydon, IN

County: Harrison

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☒ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☒ Red Phosphorous/Iodine Reaction(s): Safe
☒ Flammable Solvents: Barn
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): Burn Pit
☒ Corrosive Acid: Barn
☒ Corrosive Base: Barn
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes (number present)
☐ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudophedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Probation Check

This report is to be faxed to the following agencies that serve the location:

Fire Department: New Middletown VFD

Fax: n/a

Health Department: Harrison County

Fax: 738.4241

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Greenwell

Phone 812.246.5424

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.